



Montgomery County Proudly presents

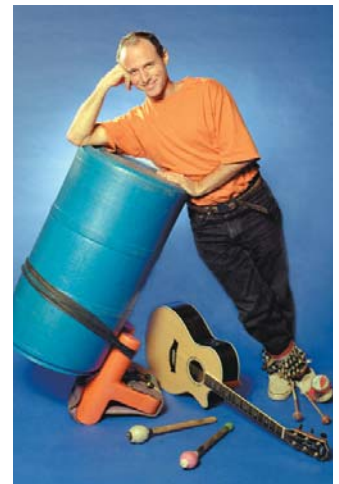
Cathy & Marcy's 21st Annual Holiday Family Concert

with special guest
Billy Jonas

Saturday, December 2, 2006
11:00 am (register for course #170615)
and
1:30 pm (register for course #170616)

AFI Silver Theater

8633 Colesville Road, Silver Spring, MD
(near Silver Spring metro and plenty of parking)



Sing along with back-to-back 2004 & 2005 Children's Music Grammy® Award winners Cathy & Marcy. They are joined by Billy Jonas who plays fanciful "industrial re-percussion" instruments made from found objects. Together, Cathy, Marcy & Billy are planning a show full of surprises, guaranteed to cause delight, giggling, singing, bangin', dancin' and BIG FAMILY FUN!

"Delivering children's music at its purest." -Cookie magazine

The Marvelous Toy Drive: Share the spirit of the season;
bring a new toy for a needy child (voluntary).

For more information, call 240-777-6820
Cost \$8.00

Online ordering:
montgomerycountymd.gov/rec

Montgomery County
RECREATION
DEPARTMENT



Ways to register

- RecWeb online: montgomerycountymd.gov/rec
- STARline: 240-777-8277
- Fax to: 240-777-6818
(payment by VISA or MasterCard)
- Mail to:
Registrar
4010 Randolph Road
Silver Spring, MD 20902

Payment Information

Full payment is due with registration. Financial assistance is available to county residents who qualify. Call 240-777-6840 for information. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

Withdrawal Policy

No refunds.

Montgomery County
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Registration Form

☐ Check here if new address/phone/email.
Please print. This form may be duplicated.

PAYER'S: Last Name _____ First Name _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
(if under 18 years) Mother's Name _____ Email _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____
Father's Name _____ Email _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

☐ Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

Total Amount Due: \$

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature _____ Date _____